



# **IOWA**

## **Annual Performance Report**

**for**

## **IDEA-Part C**

**Grant Year: July 1, 2002 through June 30, 2003**

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**Submitted to  
Office of Special Education Programs  
U.S. Department of Education  
March 31, 2004**

**State of Iowa  
DEPARTMENT OF EDUCATION  
Bureau of Children, Family, and Community Services  
Grimes State Office Building  
Des Moines, IA 50319-0146**



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF EDUCATION  
TED STILWILL, DIRECTOR

March 31, 2004

Ms. Stephanie Lee, Director  
Office of Special Education Programs  
330 "C" Street SW  
Switzer Building-Room 3086  
Washington, DC 20202

Dear Director Lee:

Attached please find Iowa's Annual Performance Report for Part C of the Individuals With Disabilities Education Act (Part C) for Grant Year July 1, 2002 through June 30, 2003. The Annual Performance Report consists of the Table, support Attachments 1 and 2, and one additional document contained in the Appendix. The APR contains a copy of the "Interagency Coordinating Council Certificate of Annual Report". An original signature on this certificate has been sent by mail.

Sincerely,

A handwritten signature in cursive script that reads "Lana K. Michelson".

Lana K. Michelson, Chief  
Iowa Department of Education  
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**INTERAGENCY COORDINATING COUNCIL  
CERTIFICATION OF ANNUAL REPORT**

On behalf of the Interagency Coordinating Council (ICC) of Iowa, I  
certify that the ICC ☒ agrees/ ☐ disagrees (\*) with the information in the State's Annual  
Performance Report for Federal Fiscal Year 2002-03. The ICC understands that Section 80.40,  
of the Education Department General Administrative Regulations, requires that the lead agency  
prepare an Annual Performance Report containing information about the activities and  
accomplishments of the grant period, as well as how funds were spent. The ICC has reviewed  
the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals  
with Disabilities Education Act to submit an annual report to the Secretary and to the Governor  
on the status of the State's early intervention program for infants and toddlers with disabilities  
and their families.

Robert Bauer

Signature of ICC Chairperson

3-29-04

Date

(\*) The Council may submit additional comments related to the lead agency's Annual Performance Report and  
append comments to the Report.

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## Introduction

### Iowa Early ACCESS Infrastructure:

In Iowa, four state agencies collaborate in order to implement IDEA, Part C. Iowa's Part C system is named Early ACCESS. The four agencies, known as the Signatory Agencies, are the Iowa Department of Education, Iowa Department of Public Health, Iowa Department of Human Services, and the University of Iowa Child Health Specialty Clinics. The Governor of Iowa designated the Department of Education to be the Lead Agency with fiscal and legal responsibilities among the four Signatory Agencies.

The Iowa Council for Early ACCESS is Iowa's state Interagency Coordinating Council, mandated in IDEA, Part C. The Governor appoints Council members who represent key constituencies across Iowa. The Council advises and assists the Lead Agency to achieve an effective statewide comprehensive interagency system of integrated early intervention services. The Executive Committee of the Council serves as the decision-making group for the Council and the system. The Council conducts public meetings on the third Friday of July, September, November, January, March, and May in the Des Moines metro area.

Historically (from 1974 to 2003), Iowa has been divided into 15 agencies providing specialized services. In 2003, five of the agencies merged, which reduced the total number to 12. The original 15 agencies (currently 12 agencies), designated by the Lead Agency, have the fiscal and legal responsibility for ensuring that the Early ACCESS system is carried out regionally. The geographic boundaries of Early ACCESS regions are the same as the Area Education Agency (AEA) boundaries. AEAs currently are the Regional Grantees. AEA Directors of Special Education serve as the grantee administrators. Grantees and regional partners work together to identify all eligible children and assure needed early intervention services are provided.

## Crosswalk of OSEP Compliance Report and Iowa's APR

### Executive Summary: Iowa Monitoring 2001 From the United States Department of Education's Office Of Special Education Programs (OSEP)

#### Early Intervention Service for Infants and Toddlers with Disabilities Part C of IDEA

OSEP observed the following areas of noncompliance:	Iowa Part C Annual Performance Report References to Areas of Noncompliance
<ul style="list-style-type: none"> <li>Not all children who may be eligible for early intervention services are located and evaluated to determine their eligibility for Part C services, and IDE does not ensure coordination of child find.</li> </ul>	Cluster II, Performance Indicator 1
<ul style="list-style-type: none"> <li>Service coordinators are not performing all duties required by Part C</li> </ul>	Cluster IV, Performance Indicator 1
<ul style="list-style-type: none"> <li>IFSPs do not include all early intervention and other services as required by Part C</li> </ul>	Cluster III, Performance Indicator 1 Cluster IV, Performance Indicator 2
<ul style="list-style-type: none"> <li>Transportation is not discussed at the IFSP meeting and, if needed, would not be provided as an early intervention service</li> </ul>	Cluster IV, Performance Indicator 3
<ul style="list-style-type: none"> <li>When it is determined that services will not be provided in the natural environment, a justification statement is not included in the IFSP</li> </ul>	Cluster IV, Performance Indicator 4
<ul style="list-style-type: none"> <li>Services and supports necessary to enhance the family's capacity to meet the developmental needs of their child are not consistently identified and included in a statement of the specific services needed to meet the unique needs of the child and family on the IFSP.</li> </ul>	Cluster III, Performance Indicator 1
<ul style="list-style-type: none"> <li>A single line of responsibility is not established.</li> </ul>	Cluster I, Performance Indicator 1
<ul style="list-style-type: none"> <li>The State Interagency Council does not perform all required duties</li> </ul>	Cluster I, Performance Indicator 1
<ul style="list-style-type: none"> <li>All resources in the State are not coordinated or identified.</li> </ul>	Cluster II, Performance Indicators 1 and 2
<ul style="list-style-type: none"> <li>The State has not implemented procedures to collect data on the Statewide system from various agencies and service providers</li> </ul>	Cluster I, Performance Indicator 5
<ul style="list-style-type: none"> <li>IDE has not ensured that all programs are monitored, and that monitoring is effective in identifying and correcting all non-compliance in local programs providing early intervention services</li> </ul>	Cluster I, Performance Indicators 1 and 2

## **Cluster Area C-I: General Supervision**

### **State Goal:**

**Effective general supervision of the implementation of the IDEA Part C is ensured through the Lead Agency's utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive available early intervention services in natural environments.**

### **Performance Indicators:**

1. General supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.) are used by the Lead Agency to identify and correct IDEA noncompliance in a timely manner.
2. Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions.
3. Complaint investigations, mediations, and due process hearings and reviews are completed in a timely manner.
4. Sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers meet the identified early intervention needs of all eligible infants and toddlers and their families.
5. State procedures and practices ensure collection and reporting of accurate and timely data.

**Performance Indicator:**

1. General supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.) are used by the Lead Agency to identify and correct IDEA noncompliance in a timely manner.

**Baseline/Trend Data (for 7/1/02-6/30/03)**

The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 findings included:

- Failure to establish a single line of responsibility in the Lead Agency;
- State Interagency Coordinating Council does not perform all required duties; and
- Monitoring of programs not occurring or ineffective in identifying and correcting noncompliance.

There were no Part C complaint investigations or hearings filed with the Lead Agency for the reporting period (see Attachment 1).

**Targets (for 7/1/02-6/30/03)**

Improve overall monitoring responsibilities and duties of the Iowa Early ACCESS (Part C) system.

Maintain low number of Part C complaints received by Lead Agency.

**Explanation of Progress or Slippage (for 7/1/02-6/30/03)****Establish Single Line of Responsibility:**

The Governor redesignated the Department of Education (DE) as the Lead Agency. Administrative Rules were adopted and implemented that articulated the role and responsibilities of the Lead Agency, Signatory Agencies, Regional Grantees and regional community representatives of Signatory Agencies. The Signatory Agencies developed and signed a Memorandum of Agreement establishing roles and responsibilities as Early ACCESS partners.

**ICC to Perform Required Duties:**

Administrative Rules were adopted and implemented that articulated the Interagency Coordinating Council (ICC) and Executive Committee membership and responsibilities. Bylaws of the ICC were rewritten to define duties and responsibilities of the Council. The Executive Committee was defined to include the Signatory Agencies and designated



as a decision-making group of the Early ACCESS system. Minutes of the Interagency Coordinating Council and Executive Committee document their advise and assist activities.

Five of six parent representatives and one provider member of the ICC attended a national training in June of 2003 to increase knowledge and skills to enhance the parental role in the ICC. Also, the Council received training in their role to advise and assist the Lead Agency. The training was developed by Mountain Plains Regional Resource Center and presented by John Copenhaver, March of 2003.

### **Monitoring and Noncompliance:**

Enduring concepts were identified with the help of key stakeholders to provide a framework for organizing accountability and monitoring of Early ACCESS. The enduring concepts are: service coordination, early identification, results for children and families, family-centered service delivery, early intervention services in natural environments, early childhood transition, and collaborative and supportive infrastructure.

An OSEP General Supervision Grant was applied for in order to provide comprehensive data for monitoring and accountability. In addition, development of a Focused-Monitoring process was initiated with the assistance of the OSEP funded National Center for Special Education Accountability Monitoring.

### **Part C Complaint Investigations:**

No Part C complaints were received by the Lead Agency. The Iowa Early ACCESS system utilized Part B's due process system which is nationally recognized for having the lowest rate of formal dispute resolution cases.

### **Projected Targets (for 7/1/03-6/30/04)**

Improve overall monitoring responsibilities and duties of the Iowa Early ACCESS system.

Maintain low number of Part C complaints received by Lead Agency.

### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

#### **Focused Monitoring:**

An overall comprehensive data system will be developed and supported by the OSEP General Supervision Grant. Data profiles will be developed and provided to assess Regional Grantees' performance on federal priority indicators. Focused Monitoring procedures will be developed to identify target areas of system needs. Annual application requirements will be continued and refined for Regional Grantees to use data profile

information to develop a Continuous Improvement Plan and strategies to address noncompliance issues. An on-site Quality Service Review (QSR) will be developed and piloted as a regional, on-site monitoring investigation.

**Part C Complaint Investigations:**

Early ACCESS due process procedures, procedural safeguards materials for families, and forms including Written Prior Notice, consents, and authorizations will be developed (based on OSEP correspondence, received July 7, 2003, indicating a need for prior written notice form).

**Projected Timelines and Resources (for 7/1/03-6/30/04)**

**Focused Monitoring:**

The data management team and state staff will continue to develop and provide data profiles to assess Regional Grantees' performance on OSEP priority indicators by March of 2004. State staff will develop Focused Monitoring procedures to identify target areas of system needs by June of 2004. Annual application requirements of Regional Grantees to use data profile information to develop a Continuous Improvement Plan, including compliance issues will be continued and refined by June of 2004 with collaboration between state staff, the data management team, and the National Center for Special Education Accountability Monitoring. An on-site Quality Service Review (QSR) will be developed by state and contracted staff as a pilot for monitoring by June of 2004.

**Part C Complaint Investigations:**

State staff, with guidance from the National Early Childhood Technical Assistance Center (NECTAC), will develop Early ACCESS specific due process procedures, procedural safeguards materials for families, and forms including Written Prior Notice, consents, and authorizations by June of 2004.

**Performance Indicator:**

2. Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions.

**Baseline/Trend Data (for 7/1/02-6/30/03)**

Iowa Part C systemic issues were identified and addressed from 1995 to 1999 through information collected from monitoring of the regions. Part C state staff reviewed files on a three-year rotation basis for five different regions and met with administration, families, and interagency staff. This monitoring process identified areas of strengths, concern, and noncompliance. Findings of a region's noncompliance were addressed by corrective action plans within a specified time. A follow-up review was completed to confirm compliance and provide further technical assistance if needed. Comprehensive data were not collected regarding systemic issues using this monitoring process.

From 2000 to 2001, Iowa participated in a Self-Assessment of Special Education and Early Intervention Services and prepared for an OSEP monitoring visit. The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 findings indicated:

- Monitoring of programs was not occurring or was ineffective in identifying and correcting noncompliance.

Since the OSEP monitoring visit, state staff have worked to improve monitoring of programs. A systematic process for monitoring was initiated by compiling and distributing data profiles for the five cluster areas. The data profiles have been distributed to Regional Grantees the last two years (2001-2003). The Regional Grantees were required to submit continuous improvement plans based upon their regional data profile for the five cluster areas. State staff analyzed and developed a technical assistance plan from the submitted regional continuous improvement plans to identify and address Part C systemic issues.

There were no Part C complaint investigations or hearings filed with the Lead Agency for the reporting period (see Attachment 1).

**Targets (for 7/1/02-6/30/03)**

Develop an infrastructure system to improve Early ACCESS for overall monitoring, accountability, and continuous improvement.

Maintain low number of Part C complaints received by Lead Agency.

### Explanation of Progress or Slippage (for 7/1/02-6/30/03)

#### Monitoring and Noncompliance:

Administrative Rules were adopted and implemented articulating the roles and responsibilities of the Lead Agency, Signatory Agencies, ICC, Regional Grantees and regional community representatives of Signatory Agencies. The Rules also provided the foundation for a more comprehensive, interagency monitoring and accountability system by:

- Articulating common, agreed-upon definitions for partners across agencies;
- Providing for common, agreed-upon requirements that the monitoring system would oversee;
- Informing partners of the Lead Agency's responsibilities for monitoring; and
- Outlining Regional Grantee's responsibilities for providing information needed for monitoring.

Stakeholders assisted the State in identifying seven critical components of the Early ACCESS system, which were labeled *Enduring Concepts*. The seven concepts are aligned with the federal Part C cluster areas and form the basis for what will be monitored. The enduring concepts are: service coordination, early identification, results for children and families, family-centered service delivery, early intervention services in natural environments, early childhood transition, and collaborative and supportive infrastructure. Technical assistance regarding focused monitoring was received from the National Center for Special Education and Accountability Monitoring.

State monitoring and continuous improvement strategies included the compilation of data profiles that assessed each region's performance on priority indicators, which were the same as federal priority indicators (see Part C Appendix). These data were included in the Regional Grantees' Continuous Improvement Plans which are a required component of the annual regional application for Part C funds. These data were used by regional partners to analyze current status and determine improvement strategies and projected evidence of success measures. State staff reviewed all plans for monitoring purposes.

A process was developed from needs identified by stakeholders and state consultants that provided for an annual, statewide, data based technical assistance plan. Needs data were compiled from technical assistance requests, stakeholder meetings, and monitoring of regional continuous improvement plans, which included performance data. This will be an ongoing process used each year to analyze each Regional Grantee's needs. Needs identified during focused monitoring will also be integrated into the technical assistance plan.

#### Part C Complaint Investigations:

Iowa Early ACCESS utilized Part B's due process system which is nationally recognized for having the lowest rate of formal dispute resolution cases.

### **Projected Targets (for 7/1/03-6/30/04)**

Improve overall monitoring, accountability and continuous improvement system.

Maintain low number of Part C complaints received by Lead Agency.

### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

#### **Monitoring, Accountability and Continuous Improvement:**

Data profiles will continue to be developed annually and provided to assess Regional Grantees' performance on OSEP priority indicators. Focused Monitoring procedures will be developed to identify target areas of system needs. Annual application requirements will be continued and refined for Regional Grantees to use data profile information to develop a Continuous Improvement Plan, including compliance issues.

#### **Maintain Low Number of Part C Complaints:**

Early ACCESS specific due process procedures, procedural safeguards materials for families, and forms including Written Prior Notice, consents, and authorizations will be developed (based on OSEP correspondence, received July 7, 2003, indicating a need for prior written notice form). Development of data collection and analysis procedures will be initiated for complaint investigations and hearings.

### **Projected Timelines and Resources (for 7/1/03-6/30/04)**

#### **Monitoring, Accountability and Continuous Improvement:**

State staff and the data management team will develop and provide data profiles to assess Regional Grantees' performance on OSEP priority indicators by June of 2004. Focused Monitoring procedures to identify target areas of system needs will be developed by state staff by June 2004. State staff, in collaboration with the data management team and the National Center for Special Education Accountability Monitoring, will continue to refine annual application requirements of Regional Grantees to complete a self-assessment using data profile information to develop a Continuous Improvement Plan, including compliance issues by June of 2004.

#### **Maintain Low Number of Part C Complaints:**

State staff, with guidance from NECTAC, will develop Early ACCESS due process procedures, procedural safeguards materials for families, and forms including Written Prior Notice, consents, and authorizations. The state staff and data management team will initiate the development of data collection and analysis procedures for complaint investigations and hearings by June 2004.

**Performance Indicator:**

3. Complaint investigations, mediations, and due process hearings and reviews are completed in a timely manner.

**Baseline/Trend Data (for 7/1/02-6/30/03)**

There were no Part C complaint investigations, mediations, or due process hearings filed with the Lead Agency for the reporting period (see Attachment 1).

**Targets (for 7/1/02-6/30/03)**

Maintain low number of complaint investigations, mediations, and due process hearings filed with the Lead Agency.

**Explanation of Progress or Slippage (for 7/1/02-6/30/03)**

Administrative Rules addressing procedural safeguards were adopted and implemented at the state and regional levels.

Iowa Early ACCESS utilized Part B's due process system which is nationally recognized for having the lowest rate of formal dispute resolution cases.

**Projected Targets (for 7/1/03-6/30/04)**

**Improve Compliance:**

Improve overall compliance of Early ACCESS system specifically addressing procedural safeguards and the due process system.

**Maintain Low Number of Part C Complaints:**

Maintain low number of complaint investigations, mediations, and due process hearings filed with the Lead Agency.

**Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

**Improve Compliance:**

Early ACCESS due process and dispute resolution procedures, procedural safeguards materials for families, and forms including Written Prior Notice, consents, and

authorizations will be developed (based on OSEP correspondence, received July 7, 2003, indicating a need for a prior written notice form).

**Maintain Low Number of Part C Complaints:**

Development of data collection and analysis procedures will be initiated for complaint investigations and hearings.

**Projected Timelines and Resources (for 7/1/03-6/30/04)**

**Improve Compliance:**

State staff, with guidance from NECTAC, will develop Early ACCESS due process procedures, procedural safeguards materials for families, and forms including Written Prior Notice, consents, and authorizations by June 2004.

**Maintain Low Number of Part C Complaints:**

State staff and the data management team will initiate the development of data collection and analysis procedures for complaint investigations and hearings by June 2004.

### Performance Indicator:

4. There are sufficient numbers of administrators, service coordinators, teachers, services providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

### Baseline/Trend Data (for 7/1/02-6/30/03)

The following table shows a trend of the number of early intervention providers who served eligible children by year (data obtained from Iowa's 618 Data Tables 1 and 5). A sufficient number of service providers have been available to provide needed Early ACCESS services. As noted in the table, the number of providers has increased each year. It should be noted that providers included service coordinators, service providers, paraprofessionals, and others.

Year	Number of Infants and Toddlers Served	Number of FTE Service Providers
2000	1198	132
2001	1637	149.71
2002	1931	156.15

All eligible children and families referred for Early ACCESS services in the 15 regions were assigned a Service Coordinator. Service Coordinators are responsible for submitting child and family/IFSP data, which is tracked by Regional Grantees and Liaisons.

Signatory agencies have been instrumental in supporting sufficient numbers of providers. The Iowa Department of Public Health altered their contracts with 26 local Title V (Child Health) grantees to include Early ACCESS responsibilities. Two new health agencies became providers of the newly established Medicaid Infant-Toddler Program, adding six service coordinators and eight early intervention service providers. This is in addition to the 15 Regional Grantees (Area Education Agencies) that were already providing service coordination, and many of the early intervention services. Thirteen of 15 Regional Grantees also became Medicaid providers by the end of this reporting period. All Grantees that became providers of the infant toddler program had to meet criteria for *Good Standing* in Early ACCESS. The criteria assured (1) qualified staff; (2) implementation of Administrative Rules for Early ACCESS; and (3) monitoring of complaint policies and procedures.

The first State Administrative Rules that implemented IDEA Part C Regulations became effective January 15, 2003, after considerable interagency stakeholder input and public comment before adoption. These policies were also included in the new Part C Application that Iowa submitted to OSEP.



### Targets (for 7/1/02-6/30/03)

Iowa will maintain sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers needed to meet the identified early intervention needs of all eligible infants and toddlers and their families.

### Explanation of Progress or Slippage (for 7/1/02-6/30/03)

The number of highly qualified providers in Iowa is exceptional. Thirty-three disciplines are identified in Iowa's Personnel Standards (Iowa's IDEA Part C State Application for Fiscal Year 2002); four of which are paraprofessional positions whose qualifications range from high school diplomas to completion of two-year accredited training programs. All other 29 disciplines require a bachelor's or master's degree or specific licensure.

Two ongoing training and personnel preparation efforts took place. The first was technical assistance to the regions based on identified needs. Second, training was delivered to service coordinators, providers, and administrators of partnering agencies in all regions for the following topics, working to address all relevant noncompliance issues.

Type of Training	Number of Trainings
Service Coordination/Individual Family Service Plan	11
Service Coordination Support	6
Natural Environments	3
Medicaid ( <i>Good Standing with Early ACCESS</i> criteria; procedures for becoming a qualified Medicaid provider; awareness, training, and document-review activities)	16
Data driven research-based training in key components of Family-Centered Practices was offered to multi-disciplinary teams who work with children with sensory impairments (one week summer institute)	1

Supporting Changes and Reform in Inter-Professional Preservice Training (SCRIPT) is a major system-change network among preservice, inservice, and state agencies. This network was formed by an OSEP funded SCRIPT Grant and received ongoing support by the Frank Porter Graham Center. This initiative supports change and reform in inter-professional preservice training in order to increase emphasis on Family-Centered practices, increase opportunities for interdisciplinary and interagency learning experiences, and to strengthen the links between agencies. Iowa's SCRIPT network has continued beyond the length of the grant, and Iowa provides an annual statewide training symposium. One hundred people, representing 19 two and four-year colleges and universities, participated in this symposium.

A Parents as Presenters Workshop was held in Fall 2002. Parents as Presenters is a proven model for engaging, training, and supporting parents as instructional resources and partners. A training manual was developed for parent use. A faculty guide, which

included training content and a directory of parents available for co-presentation was developed and distributed. In recognition of Iowa's strong Family-Centered philosophy and practices, state staff were asked to present at an OSEP funded national Natural Allies Institute involving family members in preservice and inservice training.

The Iowa Department of Public Health, in their efforts to implement the 2002 Memorandum of Agreement, altered their contracts with 26 local Title V (Child Health) grantees to include Early ACCESS responsibilities. All Title V grantees were required to increase their capacity to provide early intervention services and service coordination.

Major efforts were made to build the infrastructure of a coordinated statewide system of early intervention services. The first State Administrative Rules that implemented IDEA Part C Regulations became effective January 15, 2003, after considerable interagency stakeholder input and public comment before adoption. Articulating the responsibilities of the Regional Grantee in Administrative Rules strengthened the regional administrative structure.

The state was divided into 15 regions, each having one Administrator and one Regional Liaison, who assured that services were available to all eligible children and their families by qualified personnel. After the Rules became effective, guidance and training were provided monthly at Regional Grantee Administrator meetings. Bi-monthly Regional Liaison meetings were provided to assist in the implementation of a regional system and shift responsibilities for assuring adequate numbers of providers in their regions.

In another effort to build the infrastructure, the Lead Agency hired a Comprehensive System of Personnel Development (CSPD) Consultant to develop a more coordinated data based system of personnel development.

The newly established Medicaid Infant-Toddler Program presented an opportunity to increase the number of agencies providing service coordination and early intervention services. The Lead Agency hired a Medicaid Consultant to implement the program and conduct training with Early ACCESS providers throughout the state. This increased access to data and the ability to collect more specific data about providers and the services provided.

A current State continuous improvement strategy was developed to provide regional data to Regional Grantees for their Continuous Improvement Plan. One of the required clusters of the plan was Early Intervention Services in Natural Environments. These plans were a required element of the annual regional application for Part C funds. Data were used by regional partners to analyze current status and determine improvement strategies and projected evidence of success measures. State staff used the data from the plans, needs identified by Signatory Agencies, and areas of noncompliance to shape the statewide 2003-2004 Technical Assistance Plan.

Iowa was awarded an OSEP General Supervision Grant to enhance the existing Lead Agency data system. An interagency monitoring and data system is being developed that will capture more specific data needed to assess the adequacy of the number of service coordinators and providers to meet the needs of all eligible children. The monitoring system will incorporate the Medicaid monitoring processes. Previously the system was primarily education based.

### **Projected Targets (for 7/1/03-6/30/04)**

Iowa will maintain sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers needed to meet the identified early intervention needs of all eligible infants and toddlers and their families.

### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

#### **Interagency Data Collection:**

Service coordination indicators for monitoring and continuous improvement will be generated. Interagency data collection procedures will be developed to determine the number of providers and services from the Individual Family Service Plan (IFSP) including service coordinators, teachers, service providers, paraprofessionals, and other providers needed to meet the identified early intervention needs of all eligible infants and toddlers and their families. A data page for the IFSP will be developed with critical data elements agreed upon by the Signatory Agencies.

#### **Monitoring and Continuous Improvement:**

Focused monitoring procedures will be developed and regional self-assessments will be refined that address personnel requirements and continuous improvement. Stakeholders will generate and agree upon service coordination indicators for monitoring and continuous improvement. Signatory Agencies will develop plans for their roles in the service coordination system.

#### **Maintain Sufficient Qualified Personnel:**

Efforts will continue to increase the number of Medicaid providers for Early ACCESS services. Follow-up support and training will be provided to multidisciplinary teams who work with children with sensory impairments. Projected modules include orientation and mobility instruction, community and emergent literacy, and collaborative assessments. Training and personnel preparation initiatives for SCRIPT, Natural Allies, and Parents as Presenters will be continued. Data identifying qualified personnel needs will be collected to develop future State Technical Assistance Planning.

### **Projected Timelines and Resources (for 7/1/03-6/30/04)**

#### **Interagency Data Collection:**

Stakeholders will generate and agree upon service coordination indicators for monitoring and continuous improvement by June 2004. State staff will develop interagency data collection procedures to determine the number of providers and services from the IFSP (service coordinators, teachers, service providers, paraprofessionals, and other providers) needed to meet the identified early intervention needs of all eligible infants and toddlers and their families by June 2004. State staff and interagency stakeholders will develop a data page for the IFSP with critical data elements agreed upon by the Signatory Agencies by June 2004.

#### **Focused Monitoring and Continuous Improvement:**

State staff, with the assistance of National Center For Special Education and Accountability Monitoring, Regional Grantees, and interagency stakeholders, will develop focused monitoring procedures and refine regional self-assessments that address personnel requirements and continuous improvement by June 2004. State staff will gather data of state and regional identified needs in order to develop the 2004-2005 State Technical Assistance Plan by June 2004.

#### **Maintain Sufficient Qualified Personnel:**

State Early ACCESS staff, Iowa Department of Human Service Medicaid Program personnel, and Regional Liaisons will continue efforts to increase the number of Medicaid providers by June 2004. State staff, with the assistance of two and four-year personnel preparation faculty, family organizations, and technical assistants to Natural Allies and SCRIPT from the Frank Porter Graham Center will provide training and personnel preparation initiatives by June 2004.

**Performance Indicator:**

5. State procedures and practices ensure collection and reporting of accurate and timely data.

**Baseline/Trend Data (for 7/1/02-6/30/03)**

The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 findings included:

- Failure of state to implement procedures to collect data on a statewide Early Intervention system from various agencies and service providers.

Iowa's Area Education Agencies (AEAs) and the Iowa Department of Education, Bureau of Children, Family and Community Services uses the Information Management System (IMS) to collect, store, manage and distribute Part C and B data for use in decision-making and meeting the federal reporting requirements of IDEA and NCLB. This system's primary function is to provide the AEAs and their constituent districts with data for the service delivery system of special education services in Iowa. A by-product of the information gathered, edited and managed by the system is a cadre of reports and data files, which partially fulfill the state and federal informational requirements.

The state of Iowa has had a high degree of stability in Part C data entry personnel throughout the 15 Part C regions. This stability has minimized variation in data collection and reporting procedures within each of the regions. Statewide data have been compiled electronically through an Information Management System (IMS) since the year 2000.

An OSEP General Supervision Grant was applied for to pursue the establishment of a more comprehensive data management system to include data from partnering agencies. The Iowa Department of Public Health has augmented the IMS with general population and demographic data. This has made it possible to record Iowa's state and regional progress in Early Identification. In response to the June 2002 finding, the state of Iowa has begun addressing data collection and analysis needs.

**Targets (for 7/1/02-6/30/03)**

Through the development of an interagency data system, ensure efficient and accurate data collection for reporting.

**Explanation of Progress or Slippage (for 7/1/02-6/30/03)**

A General Supervision Grant was awarded to develop a comprehensive data management system for the Early ACCESS system. One F.T.E. data coordinator was hired. The Lead

Agency and state staff, in collaboration with the members of Iowa Council for Early ACCESS: (1) identified state staff and external consultants to establish an interagency data system; (2) identified an interagency data team including key stakeholders at state and local levels to assess data needs and make recommendations regarding data elements and system collaboration; and (3) developed procedures to collect and analyze data.

During this reporting year, the state systematized a cycle of data reporting and analysis that was designed to ensure data-based monitoring and continuous improvement for the state and regions. State staff provided Regional Grantees with state and regional data. Data was aggregated according to each of the OSEP priority indicators. Fifteen regions used these data as a part of their self-assessment and prompted regions to make data-based decisions regarding maintenance and improvement strategies. Regional Continuous Improvement Plans are a required element of the annual regional application for Part C funds and are monitored and analyzed by State staff. These plans are also used to shape the statewide annual Technical Assistance Plan. Year-end reports are also required which summarize the distribution of Part C resources and progress made in the improvement plan.

#### **Projected Targets (for 7/1/03-6/30/04)**

Through the development of an interagency data system, ensure efficient and accurate data collection for reporting.

#### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

An evaluation plan will be developed for the General Supervision Grant to assess completion of all components of the data management system.

A Request for Proposals will be posted for a contractual agreement to assist in the development of a framework for the interagency data management system. The framework will be based upon an assessment of current data elements, and include development of the data dictionary corresponding to data needs, specific data elements to be collected, and logistics of data entry, analysis, and reporting.

An RFP will be posted for a contractual agreement to assist in the determination of hardware specifications and solicitation of a software vendor. Hardware and software will be purchased and installed for a comprehensive interagency data management system. Existing data will be incorporated into the new software.

#### **Projected Timelines and Resources (for 7/1/03-6/30/04)**

The primary resource for development of the data system is the General Supervision Grant awarded to the Iowa Department of Education in October 2002 and extended through October 2004. Grant activities are overseen by the state data management team.

State staff will develop an evaluation plan for the General Supervision Grant to assess completion of all components of the data management system by January 2004.

The RFP to assist in the development of a framework for the data management system will be posted by state staff by October 2003. The state data team will complete an assessment of current data elements and develop the data dictionary corresponding to data needs, specific data elements, and logistics of data entry, analysis, and reporting by July 2004.

The RFP to assist in the determination of hardware specifications and solicitation of a software vendor will be posted by state staff by May 2004. Hardware and software will be purchased and installed by June 2004. The data management team will incorporate existing data into the new software by July 2004.





## **Cluster Area C-II: Comprehensive Child Find System**

### **State Goal:**

**The implementation of a comprehensive, coordinated Child Find system results in the identification of all eligible infants and toddlers.**

### **Performance Indicators:**

1. The percentage of eligible infants and toddlers with disabilities that are receiving Part C services is comparable to State and national data for the percentage of infants and toddlers with developmental delays.
2. The percentage of eligible infants with disabilities under the age of one that are receiving Part C services is comparable with State and national data.

### Performance Indicator:

1. The percentage of eligible infants and toddlers with disabilities that are receiving Part C services is comparable to State and national data for the percentage of infants and toddlers with developmental delays.

### Baseline/Trend Data (for 7/1/02-6/30/03)

#### Eligible Children for Part C Are Identified:

The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 findings stated:

- Not all children in the State who may be eligible are identified and evaluated to determine their eligibility for Part C.
- All resources in the state are not coordinated and identified.

State trend data for the last five years has indicated consistent increases in the number of infants and toddlers receiving Early ACCESS (Part C) services. Although Iowa has not met the two percent performance indicator, measures show state efforts have closed the gap considerably.

December 1 Count Year	Percent Served in Part C
1998	0.89%
1999	1.02%
2000	1.2%
2001	1.4%
2002	1.7%

These percentages are based on the December 1<sup>st</sup> Child Count each year, compared to the birth minus death totals for three years.

Further analysis of data for each Early ACCESS Regional Grantee generally showed consistent increases for the number of infants and children receiving services. The following table shows yearly trend data for each Regional Grantee.

**15 Regional Grantee Child Count Totals**

	12/01/98	12/01/99	12/01/00	12/01/01	12/01/02
Regional Grantee 1	64	75	73	116	98
Regional Grantee 2	35	56	45	75	70
Regional Grantee 3	24	34	42	44	49
Regional Grantee 4	27	39	38	41	80
Regional Grantee 5	39	42	50	69	87
Regional Grantee 6	32	50	59	75	99
Regional Grantee 7	81	71	81	78	77
Regional Grantee 9	70	78	98	177	170
Regional Grantee 10	89	125	138	159	235
Regional Grantee 11	236	265	285	393	485
Regional Grantee 12	72	87	85	119	134
Regional Grantee 13	95	105	95	151	168
Regional Grantee 14	18	17	23	14	26
Regional Grantee 15	51	45	55	75	87
Regional Grantee 16	31	23	31	51	66

Other state trend data have been collected for number of referrals as this was considered a critical point of entry for children receiving Early ACCESS services. Iowa COMPASS, Iowa's single point of contact for early intervention referrals, maintains a toll-free number, web-site, and data on the number of referrals to Early ACCESS. The following table summarizes the yearly increase in numbers of referrals being made to Early ACCESS.

**COMPASS Referrals to Early ACCESS**

	1998	1999	2000	2001	2002
Number of Referrals	75	91	96	83	129

To support increasing the number of infants and toddlers referred and identified for Early ACCESS services, public awareness materials were created in 1999 and intensive distribution began. The Lead Agency state staff published and distributed a number of public awareness materials to the Regional Grantees as shown in the following chart.

**Public Awareness Materials Distributed**

Year	English Development Wheels	Spanish Development Wheels	English Brochures	Spanish Brochures
1999/2000	132,500	11,000	72,000	17,500
2001	35,550	9,850	14,250	6,300
2002	32,400	9,000	10,600	2,000
2003	36,500	8,250	12,000	2,400

Developmental wheels and brochures were published in a variety of formats: English, Spanish, Braille, large-print, and audio.

### **Targets (for 7/1/02-6/30/03)**

Increase percentage of eligible infants and toddlers in Iowa who receive Early ACCESS (Part C) services.

### **Explanation of Progress or Slippage (for 7/1/02-6/30/03)**

#### **Eligible Children for Part C Are Identified:**

Administrative Rules for Early ACCESS were adopted and became effective January 15, 2003. This established a consistent standard of eligibility, public awareness, and child find for Early ACCESS (Part C) services in the entire state.

The State Coordinator met regularly with Regional Grantee administrators to clarify questions about program eligibility for children with known conditions likely to result in later developmental delays if early intervention services were not provided. As a result, more children with a known condition not showing current delays (such as lead poisoning) were determined eligible for services. Regional Grantees were provided data to compare their regional program in relation to the expected result and numbers served in other regions. Regions collected and reported agreed-upon data regarding referral sources and collaboration. Regional Coordinators met every other month to discuss areas of concern and innovative practices. The state staff also provided procedural and policy updates. The 15 Early ACCESS Regional Grantees submitted annual applications that outlined their public awareness and child find activities. These data provided state staff the opportunity to learn successful practices and share innovative ideas with other regions. In addition, the General Supervision Grant was awarded and work began studying collection and analysis of evaluation data.

#### **Resources Are Identified and Coordinated:**

Restructuring of the Part C infrastructure facilitated the identification and coordination of resources in several ways. The Lead Agency appointed a state staff team with representation from each Signatory Agency. Each team member was assigned specific responsibilities regarding areas of compliance findings. In addition, the state team informed the Signatory Agency administrators of current needs, topics of discussion, and input needed for decisions. Data from the Iowa Health-Education Study were used to develop and implement the Iowa Improvement Plan.

Another resource that was identified and the roles restructured was the Interagency Coordinating Council. The Interagency Coordinating Council formed the Executive Committee with designated members of the Signatory Agencies, the Council Chair, Vice Chair, and a parent representative from the Council. In addition, some Early ACCESS state staff attended meetings as ex-officio members. This new arrangement greatly enhanced communication among the four agencies involved and helped promote more services at all levels of the Early ACCESS system, especially identification.

Maternal Child Health agencies (Title V Contractors), as local Signatory Agencies, were required within their contracts with Public Health to work more closely with Early ACCESS regionally. Also, the Department of Health took an active lead in pursuing Early Hearing Detection and Intervention legislation. This legislation passed, making newborn hearing screening mandatory for all babies born in Iowa (unless the parent refuses) and required facilities performing screenings, rescreens, and diagnostic assessments to report results to the Department of Health. The legislation contained a provision allowing the Department of Health to share referral information with Early ACCESS. The corresponding Administrative Rules clarified this provision. The Department of Health and Early ACCESS plan to work together to ensure that children have access to appropriate follow-up services. Several Iowa hospitals have received grants from the Department of Health and Early ACCESS allowing them to purchase newborn hearing screening equipment. Two additional hospitals implemented newborn hearing screening programs during this reporting period and an additional 200 children were referred for screening as compared to the previous year. Early ACCESS also contributed funds to a Pediatric Audiology Training for Iowa audiologists. Three audiologists from underserved areas of Iowa received training in pediatric diagnostic audiology. The *Family Resource Guide for Families of Children who are Deaf or Hard of Hearing* was developed and dispersed statewide.

The Infant and Toddler Medicaid program was expanded to facilitate the involvement of more community-based health providers. Regional Early ACCESS staff promoted early intervention at child fairs, interagency councils, doctor office visits, pediatric residency lectures, and WIC clinics. State Early ACCESS staff members distributed materials at professional conferences and workshops, state agency meetings, and the Iowa State Fair. The Department of Education created the Iowa Language Library with over 60 documents translated into 22 languages which was used as a resource to translate public awareness materials.

#### **Projected Targets (for 7/1/03-6/30/04)**

Increase percentage of eligible infants and toddlers in Iowa receiving Early ACCESS (Part C) services.

#### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

Activities to increase the number of eligible children served will continue to focus on data collection, data analysis, and data management. As data collection improves, the effectiveness of public awareness and child find efforts will be analyzed. The OSEP General Supervision Grant will be used to assist in data collection and analysis for the four Signatory Agencies. Procedures will be developed for data collection and sharing of data between Early Hearing Detection & Intervention (EHDI) and the Early ACCESS system.

Additional activities to increase the number of eligible children served involve streamlining the referral process, clarifying eligibility guidelines, and working closely with the four Signatory Agencies and other community partners. These activities will involve establishing coordinated, interagency screening and referral procedures across Signatory Agencies and appropriate public and private community partners, including refinement of the 800 number process for referrals. Procedures will also include communication protocols for service coordinators and referral sources.

Coordinated interagency public awareness activities will be implemented and coordinated, and interagency evaluation and assessment procedures established. Roles will be clarified to enhance the capacity of hospital-based High Risk Infant Follow Up programs to refer children to Early ACCESS.

A state workgroup will be formed to assist in designing a developmental infant and toddler screening and referral. In addition, the Interagency Coordinating Council committee will focus on the priority of early identification and make recommendations to the Lead Agency. State staff will remain apprised of Part C responsibilities for the Child Abuse Prevention and Treatment Act. Two types of training will be provided: (1) a professional training institute targeting research-based practices for children with disabilities including sensory impairments; and (2) training for regional personnel answering Early ACCESS phone calls.

#### **Projected Timelines and Resources (for 7/1/03-6/30/04)**

State and regional staff activities to increase the number of eligible children served by December 2003 will continue to focus on data collection, data analysis, and data management. As data collection improves, the effectiveness of public awareness and child find efforts will be analyzed. The OSEP General Supervision Grant will be used to assist in data collection and analysis for the four Signatory Agencies. Procedures will be developed for data collection and sharing of data between Early Hearing Detection & Intervention (EHDI) and the Early ACCESS system. By June 2004 the interagency data system will be developed and coordinated by Part C State staff, the Signatory Agencies, and the Interagency Coordinating Council.

Additional activities to increase the number of eligible children served by streamlining the referral process and clarifying eligibility guidelines will be completed by state staff working closely with the four Signatory Agencies and other community partners by June 2004. Activities establishing coordinated interagency screening and referral procedures across Signatory Agencies and appropriate public and private community partners, including refinement of the 800 number process for referrals will be completed by June 2004 by state staff. Coordinated interagency public awareness activities will be implemented and coordinated, and interagency evaluation and assessment procedures established by Part C state staff, the Signatory Agencies, and the Interagency Coordinating Council by June 2004. State staff will work with local partners to clarify

and enhance the capacity of hospital-based High Risk Infant Follow Up programs to refer children to Early ACCESS by June 2004.

A state workgroup will be formed with Part C state staff, Signatory Agencies, local providers, and representatives of the medical community to assist in designing a developmental infant and toddler screening and referral by June 2004. In addition, the Interagency Coordinating Council subcommittee will focus on the priority of early identification and make recommendations to the Lead Agency by June 2004. State staff will remain apprised of Part C responsibilities with the Child Abuse Prevention and Treatment Act.

Two types of training will be provided by state staff by June 2004: (1) a professional training institute targeting research-based practices for children with disabilities including sensory impairments; and (2) training for regional personnel answering Early ACCESS phone calls.

### Performance Indicator:

2. The percentage of eligible infants with disabilities under the age of one that are receiving Part C services is comparable with State and national data.

### Baseline/Trend Data (for 7/1/02-6/30/03)

The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 stated:

- All resources in the State are not identified or coordinated.

Trend data for the last five years has indicated consistent increase of infants receiving Early ACCESS (Part C) services. Although Iowa has not met the one percent performance indicator, the gap has progressively decreased with each year's work.

December 1 Count Year:	1998	1999	2000	2001	2002
Percent Served in Part C:	.12%	.14%	.4%	.62%	.7%

In addition, data was disaggregated by region for the total number of birth to one infants receiving Part C services. The following table shows specific regional early identification information.

### Regional Grantee Child Count (12/1/02)

Region:	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	Total
# Age 0-1:	10	14	6	11	14	15	5	14	34	80	18	43	3	11	8	286

### Targets (for 7/1/02-6/30/03)

All eligible infants under the age of one will receive Early ACCESS (Part C) services.

### Explanation of Progress or Slippage (for 7/1/02-6/30/03)

State Administrative Rules for Early ACCESS became effective on January 15, 2003. This established consistent eligibility criteria for Early ACCESS (Part C) services throughout the state. State staff provided technical assistance to regional Early ACCESS services to clarify interpretation of Administrative Rules and definition of eligibility.

The number of children birth to one with IFSPs increased from the previous year by 45 (18%). The percent of increase is comparable to the overall growth of Early ACCESS. The overall identification and public awareness activities instrumental in increasing the number of children birth to age three receiving early intervention services were equally effective in increasing the number of identified children birth to 1 year of age. In addition, Regional Grantees collected and reported agreed-upon data regarding referral



sources. The OSEP General Supervision Grant was awarded to Iowa and studying of the data system was begun.

The local Early ACCESS staff worked with WIC programs to inform parents of the early intervention services available through Early ACCESS. The Department of Public Health took an active lead in presenting Early Hearing Detection and Intervention legislation. This legislation passed, making newborn hearing screening mandatory for all babies born in Iowa (unless the parent refuses) and required facilities performing screenings, rescreens, and diagnostic assessments to report results to the Department of Public Health. The legislation contained a provision allowing the Department of Public Health to share referral information with Early ACCESS. The corresponding Administrative Rules clarify this provision. The Department of Public Health and Early ACCESS will work together to ensure that children have access to appropriate follow-up services. Several Iowa hospitals have received grants from the Department of Public Health and Early ACCESS allowing them to purchase newborn hearing screening equipment. Two additional hospitals implemented newborn hearing screening programs during this reporting period and an additional 200 children were referred for screening as compared to the previous year (IDPH web-site).

Early ACCESS also contributed funds to a Pediatric Audiology Training for Iowa audiologists. Three audiologists from underserved areas of Iowa received training in pediatric diagnostic audiology. *The Family Resource Guide for Families of Children who are Deaf or Hard of Hearing* was developed and dispersed statewide.

### **Projected Targets (for 7/1/03-6/30/04)**

All eligible infants under the age of one will receive Early ACCESS (Part C) services.

### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

Activities to increase the number of eligible infants served will continue to focus on data collection, data analysis, and data management. As data collection improves, the effectiveness of public awareness and child find efforts will be analyzed. Additionally, efforts will involve refinement of the referral system, clarifying the eligibility guidelines, and coordination of Early ACCESS services across agencies. The OSEP General Supervision Grant will be used to assist in data collection and analysis for the four Signatory Agencies. Procedures will be developed for data collection and sharing of data between Early Hearing Detection and Intervention (EHDI) and Early ACCESS.

Additional activities to increase the number of eligible children served involve streamlining the referral process, clarifying eligibility guidelines, and working closely with the four Signatory Agencies and other community partners. These activities will involve establishing coordinated, interagency screening and referral procedures across Signatory Agencies and appropriate public and private community partners, including

refinement of the 800 number process for referrals. Coordinated interagency public awareness activities will be implemented and coordinated and interagency evaluation and assessment procedures established. Roles will be clarified to enhance the capacity of hospital-based High Risk Infant Follow Up programs to refer children to Early ACCESS. A State Workgroup will be formed to assist in designing a developmental infant and toddler screening and referral process. State staff will remain apprised of Part responsibilities with the Child Abuse Prevention and Treatment Act. In addition, the Interagency Coordinating Council subcommittee will focus on the priority of early identification and make recommendations to the Lead Agency.

### **Projected Timelines and Resources (for 7/1/03-6/30/04)**

State and regional staff activities to increase the number of eligible infants served by December 2003 will continue to focus on data collection, data analysis, and data management. As data collection improves, the effectiveness of public awareness and child find efforts will be analyzed. Additionally, efforts will involve refinement of the referral system, clarifying the eligibility guidelines, and coordination of Early ACCESS services across agencies. The OSEP General Supervision Grant will be used to assist in data collection and analysis for the four Signatory Agencies. Early ACCESS and Early Hearing Detection and Intervention (EHDI) staff will develop procedures for data collection and sharing of data between EHDI and Early ACCESS by July 2004. By June 2004 the interagency data system will be developed and coordinated by Part C state staff and the Signatory Agencies as supported by funding through the OSEP General Supervision Grant.

Also by June 2004, additional activities to increase the number of eligible children served by streamlining the referral process and clarifying eligibility guidelines will be completed by state staff working closely with the four Signatory Agencies and other community partners. Activities establishing coordinated interagency screening and referral procedures across Signatory Agencies and appropriate public and private community partners, including refinement of the 800 number process for referrals will be implemented by state staff by June 2004. Coordinated interagency public awareness activities will be implemented and coordinated and interagency evaluation and assessment procedures established by Part C state staff, the Signatory Agencies, and the Interagency Coordinating Council by June 2004. State staff will work with local partners to clarify and to enhance the capacity of hospital-based High Risk Infant Follow Up programs to refer children to Early ACCESS by June 2004. A state workgroup will be formed with Part C state staff, Signatory Agencies, local providers, and representatives of the medical community to assist in designing a developmental infant and toddler screening and referral by June 2004. State staff will remain apprised of Part responsibilities as updates occur with the Child Abuse Prevention and Treatment Act. In addition, the Interagency Coordinating Council subcommittee will focus on the priority of early identification and make recommendations to the Lead Agency by June 2004.

## **Cluster Area C-III: Family-Centered Services**

### **State Goal:**

**Family supports, services, and resources increase the family's capacity to enhance outcomes for infants and toddlers and their families.**

### **Performance Indicators:**

1. Families who have infants and toddlers with IFSPs will increase their capacity to enhance their children's development.

### Performance Indicator:

1. Families who have infants and toddlers with IFSPs will increase their capacity to enhance their children's development.

### Baseline/Trend Data (for 7/1/02-6/30/03)

The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 stated deficiencies in Family-Centered services:

- Services and supports necessary to enhance the family's capacity to meet the developmental needs of their child are not consistently identified and included in a statement of the specific services needed to meet the unique needs of the child and family on the IFSP; and
- IFSP's do not include all early intervention and other services as required by Part C regulations.

According to results reported in the Part C 618 Data Table 1, the number of eligible families receiving services that enhanced their capacity to support their children's development has increased (as shown in the following table).

**Number of Eligible Children and Families Receiving  
Early Intervention Services and Supports**

<b>Early Intervention Services</b>	<b>Dec. 2000</b>	<b>Dec. 2001</b>	<b>Dec. 2002</b>
Family Training	80	130	188
Other Early Intervention Services	66	113	148

This table shows that families' capacity to enhance their children's development was addressed by providing family training, counseling and home visits which increased each year. Also, Service Coordinators helped identify Other Early Intervention Services beyond the required services for Early ACCESS, which included medical services, respite and family support services.

### Family Leadership to Enhance the Capacity of Families:

The Parent-Educator Connection (PEC), an Iowa program that works with families, educators, and community partners to promote success for all children and youth with disabilities supported building the capacity of families with children from birth to twenty-one. Data collected by PEC showed capacity building for families through activities such as personal contacts, trainings, distributing materials, and supporting attendance at the Iowa state PEC Conference. Although data was not collected by age of children served, the birth-to-three population was included in these activities (see the following table).

PEC Offerings for Parents and Educators						
Offering:	97-98	98-99	99-00	00-01	01-02	02-03
Contacts	27,391	24,152	29,526	25,284	27,174	32,489
Training's offered	251	232	274	277	213	340
People trained	6198	7360	7957	5186	6254	7479
Library holdings	8972	12,139		*	*	13,984
Library checkouts	6839	9104	7500	*	*	7762
Newsletters sent	129,900	204,149	205,530	217,648	194,700	200,219
PEC Conf. Attendance	520	542	618	630	466	508

\*Data not available

The PEC has chosen parent education as a priority and this table demonstrates an increase in offerings and opportunities for parents of infants and toddlers in Early ACCESS and service providers to learn together.

Iowa exceeded the benchmark of the federal priority indicator for at least one percent of annual federal Part C funds to be expended to support parent involvement, training, and participation in systemic policy issues related to early intervention.

#### Targets (for 7/1/02-6/30/03)

Improve the infrastructure system support to increase family capacity to enhance their children's development.

#### Explanation of Progress or Slippage (for 7/1/02-6/30/03)

##### Services and Supports Enhance Families' Capacity:

With clarification from Iowa Administrative Rules, an interagency stakeholder group was formed to revise the IFSP to address noncompliance items and integrate lessons learned from the field. IFSP/Service Coordination training was then provided which included identifying child and family needs, priorities, and strengths; identifying families' informal and formal supports and services and; writing effective outcomes. Also relevant noncompliance issues were addressed. This training was facilitated by state staff in six regions across the state. All fifteen regions then provided additional IFSP/Service Coordination training to regional staff. The revised IFSP was then piloted within the 15 regions.

The Interagency stakeholders researched and assisted in the development of Service Coordinator competencies and outcomes. Competencies included skills for family-centered evaluation and IFSP development that addressed child and family needs.

The fifth edition of the *Iowa Programs: Providing and Financing Children's Care and Services* was updated to provide families with information that would enhance their capacity to locate and access resources and services across agency lines that would help their child and family. The guide was developed by a committee largely of parents and

distributed to enrolled families and Service Coordinators in the system. A number of manuals (7300) were distributed and a copy is available on the web.

### **IFSPs Include All Early Intervention and Other Services:**

Infrastructure components were addressed and accomplished which created more authority, clarity and focus on providing family supports, services, and resources that increased the family's capacity to enhance outcomes for infants and toddlers. One of the infrastructure components was the adoption of Administrative Rules for Early ACCESS that defined early intervention and other services and clarified their documentation on the IFSP.

Four regions conducted a family satisfaction survey. These regions used the data to continue to assess the effectiveness of service coordination and the IFSP process. Overall, these summative assessments indicated families were very satisfied with service coordination, the IFSP process and services provided.

### **Family Leadership to Enhance Family Capacity:**

Iowa continues to build capacity by involving families in statewide initiatives. Three family leadership activities helped build family capacity which included:

1. Iowa SCRIPT (Supporting Changes and Reform in Interprofessional Preservice Training in Iowa), is a collaborative project between Iowa and the Frank Graham Porter Childhood Development Center at the University of North Carolina, Chapel Hill. Families' stories and ways to imbed family-centered practices were featured at a state-wide conference. Family members helped to plan, organize and present at the conference held in April, 2003.
2. Natural Allies (OSEP Grant awarded to the Frank Porter Graham Child Development Center) is a project for preparing personnel to work with young children (0-5) in inclusive community settings. Iowa was selected to be part of this project and sent a State Resource and Planning Team to North Carolina in October 2002 (family members were included on this team to both attend the intense four day retreat and to present in several of the breakout sessions).
3. Parents as Presenters Workshops were provided throughout Iowa. Forty family members (selected from all over the state) learned effective ways to share their family story in college classrooms and other groups. Training was provided for family members to "Tell Their Story" and illustrate family-centered principles for both preservice and inservice personnel preparation programs.

Parent Involvement activities included:

- Two family members were consultants on the State Part C Staff Team;
- Stipends supported 22 family members for co-presenting for preservice and inservice trainings;

- Six family members were members of the Iowa Interagency Coordinating Council (ICC);
- Five of six family members on the ICC were supported to attend an OSEP funded national leadership institute; and
- Regional stipends and reimbursement supported family members involvement in councils, committees and special projects.

In recognition of Iowa's strong family-centered philosophy and practices State staff were asked to present at an OESP funded national Natural Allies Institute on involving family members in preservice and inservice training.

### **Projected Targets (for 7/1/03-6/30/04)**

Improve the infrastructure system support to increase families' capacity to enhance their children's development.

### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

Services and supports necessary to enhance families' capacity will continue to be provided through SCRIPT, Natural Allies, and Parents as Presenters. A self-assessment protocol will be developed and used to enhance Regional Grantee's continuous improvement plans and alignment of compliance. The Family-Centered Service Coordination Competency-Based Training modules will be provided to Service Coordinators. A Train-the-Trainer workshop will be held to give guidance in using the approved IFSP with emphasis on writing outcomes that reflect what the family needs to enhance the development of their child. A parent summit will be planned, where all organizations/entities that provide training for families who have children with disabilities will come together and map the opportunities and information that is available for use.

### **Projected Timelines and Resources (for 7/1/03-6/30/04)**

Services and supports necessary to enhance families' capacity will continue to be provided by State staff through SCRIPT, Natural Allies, and Parents as Presenters on a yearly basis. A self-assessment protocol will be developed by State staff and used to enhance Regional Grantee's continuous improvement plans and alignment of compliance by June 2004. The Family-Centered Service Coordination Competency-based Training modules will be provided by state staff to Regional Grantees by June 2004. Train the Trainer workshop will be provided by State staff to give guidance in using the approved IFSP with emphasis on writing outcomes that reflect what the family needs to enhance the development of their child by July 2004. A parent summit will be planned by State staff, OSEP-funded Parent Information Training Center staff, and Family Voices staff, where all organizations/entities that provide training for families who have children with disabilities will come together and map the opportunities and information that is available for use by June 2004.





## **Cluster Area C-IV: Early Intervention Services in Natural Environments**

### **State Goal:**

**Early Intervention services are provided in natural environments and meet the unique needs of eligible infants and toddlers and their families.**

### **Performance Indicators:**

1. All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.
2. Timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.
3. IFSPs include all the services necessary to meet the identified needs of the child and family. All the services identified on IFSPs are provided.
4. Children receive services primarily in natural environments. If not, children have IFSPs that justify why services are not provided in natural environments.
5. Children participating in the Part C program demonstrate improved and sustained functional abilities including cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.

**Performance Indicator:**

1. All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.

**Baseline/Trend Data (for 7/1/02-6/30/03)**

The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 findings included:

**Strengths:**

- Service providers were flexible in scheduling to meet family needs outside typical office hours.
- Development of Medicaid rules to include reimbursement for specific early intervention services.

**Service Coordination and Data Deficiencies:**

Failure to perform the following service coordination duties:

- Services not coordinated across agencies;
- Lack of coordination of needed medical or community services;
- Not all services a child and family may need are discussed at the IFSP meeting and
- Support services needed by families not identified and coordinated.
  - More than one primary service coordinator per family.
  - Duplication of services.

**IFSP Deficiencies:**

- Not all early intervention services needed by child and family are included on IFSPs;
- Other services, e.g. medical, not required under Part C, are not included on IFSPs;
- Transportation needs are not discussed at IFSP meetings;
- Required justification statements are missing from IFSPs in which early intervention services will not be provided in a natural environment for the child.

All (100%) families referred to Early ACCESS were assigned a service coordinator.

**Targets (for 7/1/02-6/30/03)**

Maintain access to a service coordinator for all families for ongoing, timely early intervention services.

### Explanation of Progress or Slippage (for 7/1/02-6/30/03)

#### **Service Coordination and Data Deficiencies:**

Although baseline data indicated all families have access to a service coordinator, Iowa has addressed OSEP monitoring report's findings regarding service coordination, IFSP, and data deficiencies. Infrastructure components of the Iowa Part C system were strengthened which created more clarity and authority for service coordination.

- Administrative Rules aligned with IDEA Part C were adopted and effective January 15, 2003. The Rules formalized agreed-upon definitions, policies and procedures that affected the assignment and responsibilities of Service Coordinators.
- Crucial components of the Early ACCESS system labeled Enduring Concepts were identified approved by stakeholders (included early intervention services) for the Early ACCESS monitoring and data system.

To address lack of coordination of medical or community services needed, Maternal Child Health/Title V grantees, as local Signatory Agencies, were required within their contract with the Iowa Department of Public Health to work more closely with Early ACCESS regionally.

Training throughout the year was provided for all Regional Grantee areas by state staff to clarify service coordinator roles and responsibilities. Training addressed OSEP monitoring report findings to discuss all services including support services a child and family may need at the IFSP meeting. Also, emphasis was placed on having one service coordinator per family and eliminating duplication of services.

To address data deficiencies of the Iowa Part C system, the OSEP General Supervision Grant was applied for and awarded to Iowa during 2002-03. The grant was specifically written to address development of an interagency data collection and analysis system.

#### **IFSP Deficiencies:**

To address IFSP deficiencies as specified in the OSEP monitoring report findings, training was provided to all Regional Grantees by state staff. Another training targeted meeting the transportation needs of children and families.

A revised IFSP that would meet all IDEA requirements and address noncompliance issues was piloted. In addition, a work team was convened to begin revising the IFSP for one model format to be adopted by all Regional Grantees that met IDEA requirements and addressed noncompliance issues.

### **Projected Targets (for 7/1/03-6/30/04)**

Maintain access to a service coordinator for all families for ongoing, timely early intervention services.

### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

An interagency competency-based training program for service coordinators will continue to be developed. Training will include: (1) responsibilities for identifying ALL needed services (EIS and other) and documentation on IFSPs; (2) assessment of Family Supports; (3) identification and documentation of Family specific outcomes; and (4) emphasis on accessing transportation services.

Training for use of the IFSP process and forms will be revised and provided that will address: (1) specific early intervention services necessary to meet the unique needs of the child and family to the extent appropriate including medical, social, and other services not required by Part C; (2) a family assessment including family supports; (3) family specific outcomes; and (4) documentation of the justification for not providing services in the natural environment.

Regional policies and procedures will be reviewed and revised, as needed, to reflect agreed-upon service coordination elements.

An interagency data system that provides information for monitoring and decision-making will continue to be developed.

### **Projected Timelines and Resources (for 7/1/03-6/30/04)**

State staff will continue to develop competency-based training program for Service Coordinators with the assistance of an interagency workgroup including families, Signatory Agencies, Regional Grantees, Liaisons and community partners by June 2004.

State staff and an interagency workgroup will develop and provide training for use of an IFSP process and forms by June 2004.

State staff, through the OSEP funded General Supervision Grant, and with the assistance of an interagency workgroup (Signatory Agencies, Regional Grantee, and family representatives) will continue to develop an interagency data system that provides information for monitoring and decision-making by June 2004.

**Performance Indicator:**

2. Timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.

**Baseline/Trend Data (for 7/1/02-6/30/03)**

The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 stated:

- Iowa does not collect the data necessary for monitoring at a local, state, or regional level to the degree that is necessary. IFSP does not adequately document child and family needs identified during evaluation activities.

A revised IFSP that meets all IDEA requirements and address noncompliance issues, including the documentation of child and family needs identified during evaluation and assessment, was piloted.

**Targets (for 7/1/02-6/30/03)**

Improve data collection process to monitor the effectiveness of evaluations and assessment to identify child and family needs related to enhancing the development of the child.

Implement IFSP with necessary monitoring requirements.

**Explanation of Progress or Slippage (for 7/1/02-6/30/03)**

Iowa has addressed OSEP monitoring report findings regarding evaluation and assessment by focusing on infrastructure components of the Iowa Part C system, which created more clarity and authority relating to evaluation and IFSP development. The Administrative Rules aligned with IDEA Part C were adopted and effective January 15, 2003. The Rules formalized agreed-upon definitions, policies and procedures that directed the evaluation and assessment of child and family needs. Crucial components of the Early ACCESS system labeled Enduring Concepts were identified and approved by stakeholders (including early identification and early intervention services) for the Early ACCESS monitoring and data system. An OSEP General Supervision Grant was awarded to Iowa during 2003 to assist in developing an interagency data system. It was the Lead Agency's plan to obtain interagency data for evaluation and assessment, but Title V Services data reports (CAREs) were unable to be generated due to significant budget cuts within a Signatory Agency.

**Projected Targets (for 7/1/03-6/30/04)**

Improve methods of data collection and analysis to monitor timely evaluation and assessment of child and family needs leading to identification and enhancing the development of the child.

Implement IFSP with necessary monitoring requirements.

**Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

Coordinated, interagency evaluation and assessment procedures across Signatory Agencies and appropriate public and private community partners will be established. Evaluation procedures are to include requirements that each child is evaluated in all five developmental areas and is evaluated within 45 days of referral into Early ACCESS.

An interagency data system that provides information for monitoring and decision-making will continue to be developed.

**Projected Timelines and Resources (for 7/1/03-6/30/04)**

State staff with the assistance of an interagency workgroup (Signatory Agencies, Regional Grantee/Liaisons, and community partners) will establish coordinated, interagency evaluation and assessment procedures across Signatory Agencies and appropriate public and private community partners by June 2004.

State staff, through the OSEP funded General Supervision Grant, and the assistance of an interagency workgroup (Signatory Agencies, Regional Grantee, and family representatives) will continue to develop an interagency data system that provides information for monitoring and decision-making by June 2004.

### Performance Indicator:

3. IFSPs include all the services necessary to meet the identified needs of the child and family. All the services identified on IFSPs provided.

### Baseline/Trend Data (for 7/1/02-6/30/03)

#### Early Intervention Services:

The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 stated:

- IFSPs do not include all early intervention and other services as required by Part C regulations;
- Services and supports necessary to enhance the family's capacity to meet the developmental needs of their child are not consistently identified and included in a statement of the specific services needed to meet the unique needs of the child and family on the IFSP (e.g. transportation); and
- Not all services, including medical services, needed by the child (but not required to be provided by Part C) are included on the IFSP when appropriate.

A number of early intervention services were provided to 1,937 eligible children, as shown in the following table (618 Services Data Table 4--December 1, 2002):

Early Intervention Services	Number of Eligible Children and Families Receiving Services
Assistive technology services/device	2
Audiology	18
Family training, counseling, home visits, and other support	188
Health services	19
Medical services (for diagnostic or evaluation purposes)	8
Nursing services	129
Nutrition services	29
Occupational therapy	476
Physical therapy	630
Psychological services	21
Respite care	12
Social work services	321
Special instruction	1023
Speech-language pathology	665
Transportation and related costs	14
Vision services	16
Other early intervention services	148

As indicated by the table, all services necessary to meet the identifies needs of children and families were available and were documented by the IFSP data collection system.

### Transportation Services:

The June 2002 OSEP monitoring report of Iowa's implementation of Part C findings stated that parents were not informed about transportation services and administrators of Early ACCESS programs did not understand that they were required to pay for transportation services.

The table below indicates the number and percentage of transportation services provided (as defined by Part C) that enabled children access to other early intervention services.

	<b>2000</b>	<b>2001</b>	<b>2002</b>
Number of transportation services recorded on IFSPs	30	31	14
Percentage of in-home EI services	84%	88%	89%
Percentage of out-of-home services with transportation provided	19%	19.7%	8%

### Targets (for 7/1/02-6/30/03)

Improve number of needed services provided and documented on IFSP for children and families.

### Explanation of Progress or Slippage (for 7/1/02-6/30/03)

### Early Intervention Services:

Iowa has addressed OSEP monitoring report findings regarding early intervention services by focusing on infrastructure components of the Iowa Part C system, which created more clarity and focus on the definition of early intervention services including transportation as well as the role of service providers in identifying the need for services, and the documentation of those needs and services on the IFSP. The Administrative Rules aligned with IDEA Part C were adopted and effective January 15, 2003. The Rules formalized agreed-upon definitions, policies and procedures that involved early intervention services. Crucial components of the Early ACCESS system labeled Enduring Concepts were identified and approved by stakeholders (including early intervention services) for the Early ACCESS monitoring and data system. The OSEP General Supervision Grant was awarded to Iowa October 1, 2002 to assist in developing an interagency data management system.

### Transportation:

Although the OSEP monitoring report findings indicated Iowa was not documenting or providing transportation services, trend data indicated that the majority (89%) of early intervention services were provided in the home. A low percent of children/families



needed transportation services because of the high percentage of services being provided in the natural environment. Because out-of-home services comprised a small percentage of services provided, it was reasonable to expect some variation in the amount of transportation services needed by various children and families.

#### **Projected Targets (for 7/1/03-6/30/04)**

Improve number of needed services provided and documented on IFSP for children and families.

#### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

A coordinated interagency evaluation and assessment, and IFSP development procedures across Signatory Agencies and appropriate public and private community partners, will be established. Clarification of the special education mandate will be integrated in the procedures. All IFSP-related noncompliance issues will be addressed.

An interagency data system that provides information for monitoring and decision-making will continue to be developed.

Guidance on transportation services will be disseminated. Regions will identify local transportation resources and develop plans for improving access and financial arrangements.

#### **Projected Timelines and Resources (for 7/1/03-6/30/04)**

State staff with the assistance of an interagency workgroup (Signatory Agencies, Regional Grantee/Liaisons, and community partners) will establish coordinated, interagency evaluation and assessment/IFSP procedures across Signatory Agencies and appropriate public and private community partners by June 2004.

State staff, through the OSEP funded General Supervision Grant, and with the assistance of an interagency workgroup (Signatory Agencies, Regional Grantee, and family representatives) will continue to develop an interagency data system that provides information for monitoring and decision-making by June 2004.

State staff will disseminate guidance on transportation services. Regional Grantees, Liaisons and partners will identify local transportation resources and develop plans for improving access and financial arrangements by June 2004.

### Performance Indicator:

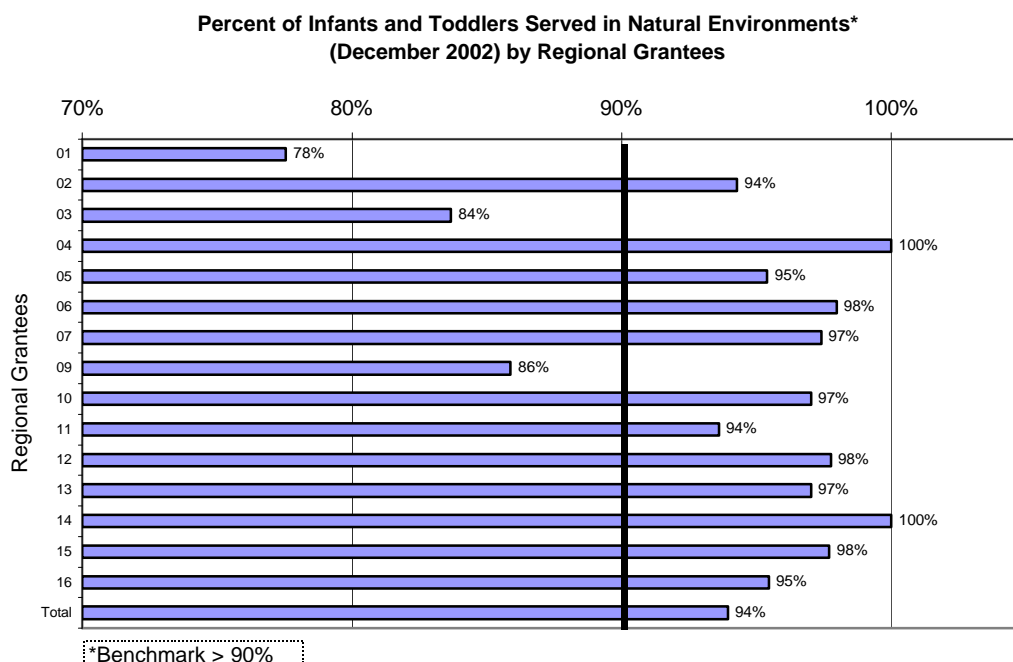
4. Children receive services primarily in natural environments. If not, children have IFSPs that justify why services are not provided in natural environments.

### Baseline/Trend Data (for 7/1/02-6/30/03)

The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 stated:

- Iowa does not collect the data necessary for monitoring at a local, state, or regional level to the degree that is necessary. Justification statements for non-natural environments are required but missing from IFSPs.

Although justification statements were missing, Iowa serves children in the natural environment above the national average. The Iowa percentage of early intervention services provided in a child's home or program designed for typically developing children increased from 87% in 1999, to 92% in 2001, and to 93.9% in 2002 (Part C 618 Settings Data Table 2). In addition, Regional Grantee data was disaggregated for the percent of infants and toddlers provided services in natural environments. As indicated by the following graph, 12 of the 15 Regional Grantees met and exceeded the OSEP recommended benchmark of 90% of children being served in natural environments. The OSEP compliance report identified flexibility in scheduling to meet family needs outside typical office hours as a strength.



### **Targets (for 7/1/02-6/30/03)**

Maintain high percentage of children receiving services in natural environments.

### **Explanation of Progress or Slippage (for 7/1/02-6/30/03)**

Iowa has addressed OSEP monitoring report findings regarding early intervention services by focusing on infrastructure components of the Iowa Part C system, which created more clarity and focus on requirements for early intervention services in natural environments. The Administrative Rules aligned with IDEA Part C were adopted and effective January 15, 2003. The Rules formalized agreed-upon definitions, policies and procedures that involved early intervention services in natural environments. Crucial components of the Early ACCESS system labeled Enduring Concepts were identified approved by stakeholders (included early intervention services in natural environments) for the Early ACCESS monitoring and data system. The OSEP General Supervision Grant was awarded to Iowa October 1, 2002, to assist in developing interagency data system.

Iowa exceeds the 90% benchmark established by OSEP for the federal priority settings indicator, *Percentage of infants and toddlers whose primary service location is home or settings designed for typical infants and toddlers*. Flexible working hours and other system supports enhance the ability of service providers to work in homes and community settings, as noted by OSEP during the Iowa monitoring visit.

### **Projected Targets (for 7/1/03-6/30/04)**

Maintain high percentage of children receiving services in natural environments.

### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

An IFSP process that documents justification for not providing services in the natural environment will be developed, agreed-upon and implemented.

IFSP monitoring needs will be identified and included in the monitoring and interagency data system.

### **Projected Timelines and Resources (for 7/1/03-6/30/04)**

State staff, with the assistance of an interagency workgroup (Signatory Agencies, Regional Grantee/Liaisons, families and community partners), will develop and

implement an agreed-upon IFSP process that documents justification for not providing services in the natural environment by June 2004.

State staff, through the OSEP funded General Supervision Grant, and with the assistance of an interagency workgroup (Signatory Agencies, Regional Grantee/Liaisons, and family representatives), will continue to develop an interagency data system that provides information for monitoring and decision-making by June 2004.

**Performance Indicator:**

5. Children participating in the Part C program demonstrate improved and sustained functional abilities including cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.

**Baseline/Trend Data (for 7/1/02-6/30/03)**

Data have been included on the IFSP form to track progress of child outcomes, but have not been aggregated and analyzed with the current data system. A number of children have exited services (370), indicating areas of need were met, but specific data was not collected for the five functional ability areas. It is Iowa's projected target to explore a method to gather IFSP data for children demonstrating improved and sustained functional abilities for the five areas of identified need.

**Targets (for 7/1/02-6/30/03)**

Study a data collection method to measure children's participation in the Part C system for improving and sustaining functional abilities.

**Explanation of Progress or Slippage (for 7/1/02-6/30/03)**

This performance indicator was challenging to Iowa to provide data since the Lead Agency's data collection system was not set up to harvest specific IFSP data for the five areas of improved and sustained functional abilities of children birth to three. The best efforts of the state will be to develop this data collection and analysis system with projected targets.

**Projected Targets (for 7/1/03-6/30/04)**

Study a data collection method to measure children's participation in the Part C system for improving and sustaining functional abilities.

**Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

State and regional systems will develop the capacity to enter, collect and analyze child outcome data that are available on IFSPs for children meeting IFSP outcomes. This will be modeled after the Iowa Part B Individualized Education Program (IEP) Results that provides performance data for students meeting IEP goals. Goals are reviewed by the

IEP team and decisions made for the student's goal status, level of independence, and comparison of progress to peers.

**Projected Timelines and Resources (for 7/1/03-6/30/04)**

State staff from Part B will work with state staff from Part C to outline IFSP Results to measure children's progress for identified areas of need by June 2004. The state data management team will provide information to integrate IFSP outcomes with data management and analysis.

## **Cluster Area C-V: Early Childhood Transition**

### **State Goal:**

**All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.**

### **Performance Indicator:**

1. All children who exit Part C at age three have an appropriate transition plan for Part B and/or other appropriate community services by their third birthday.

### Performance Indicator:

1. All children who exit Part C at age three have an appropriate transition plan for Part B and/or other appropriate community services by their third birthday.

### Baseline/Trend Data (for 7/1/02-6/30/03)

The OSEP monitoring report of Iowa's implementation of IDEA Part C, June 2002 stated the following findings:

- The State has not implemented procedures to collect data on the statewide system from various agencies and service providers; and
- The Iowa Department of Education has not ensured that all programs are monitored, and that monitoring is effective in identifying and correcting all noncompliance in local programs providing early interventions services.

Although Iowa was cited for insufficient data and monitoring systems, Iowa does have data regarding reasons children exit Part C and three year olds' eligibility status for Part B services. The following tables provide data about the status of Part C children's transition to Part B or community services. All quantitative data were calculated using Part C 618 Data Table 3.

**Number and Percent of Children Exiting Part C at Age 3**

Exit Reason	Count Year				
	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003
2. Part B Eligible	354 73.3%	437 93.6%	68 60.2%	212 73.1%	287 74.7%
3. Not Eligible for Part B, Exit to Other Program	85 17.6%	14 3.0%	7 6.2%	32 11.0%	35 9.1%
4. Not Eligible for Part B, Exit with No Referrals	42 8.7%	15 3.2%	37 32.7%	41 14.1%	51 13.3%
5. Part B Eligibility Not Determined	2 0.4%	1 0.2%	1 0.9%	5 1.7%	11 2.9%
<b>TOTAL</b> Number of Part C Children Exiting Early ACCESS Services at Age 3	<b>483</b> 100%	<b>467</b> 100%	<b>113</b> 100%	<b>290</b> 100%	<b>384</b> 100%

From this table the rate of children who exited Part C at age three whose eligibility for Part B was determined can be calculated by adding rows 2, 3 and 4 for each year. The table below indicates the sum of those percentages.

Status of children who exited Part C at age 3	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003
Eligibility for Part B services were determined for children turning three	99.6%	99.8%	99.1%	98.2%	97.1%



Trend data indicated that high percentages (97% - 99.8%) of *children's eligibility for Part B services* were determined consistently over the last five years. The percentage of children whose *eligibility for Part B was not determined* was consistently low for the last five years (.88% to 4.1%). Trend data for children not eligible for Part B and exited without referral to services was more variable.

Early ACCESS was also able to determine the number of families who could not be contacted or located to determine a specific reason for exit from Part C. The table below shows the number of families for each year 1998-2003:

Status of children who exited Part C (birth to three)	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003
Families of children who exited who could not be contacted or located	9	13	40	89	84

Trend data for the number of *children turning three whose families could not be contacted or located* was more variable.

#### **Targets (for 7/1/02-6/30/03)**

Maintain a high percentage of children exiting Part C at the age of three receiving transition planning for Part B and/or other appropriate community services.

#### **Explanation of Progress or Slippage (for 7/1/02-6/30/03)**

##### **Monitoring and Data:**

An interagency monitoring and data system is being developed that will capture more specific data needed to determine the effectiveness and timeliness of transition planning and to track the outcomes of transition planning (services the children received after age three).

During this reporting year, the State systematized a cycle of data reporting and analysis that was designed to ensure databased monitoring and continuous improvement for the state and regions. State staff provided Regional Grantees with state and regional data in March with which regions developed their next year's (2003-04) Continuous Improvement Plan due each June. These plans are a required element of the annual regional application for Part C funds and are monitored and analyzed by state staff.

Fifteen of 15 regions analyzed their 2001-02 exit data. Six regions' data indicated the need for maintenance and refinement strategies for their 2003-04 Continuous Improvement Plan. The remaining nine regions determined the need to address data coding issues and training on the transition process. For example: "Develop a plan and provide training on exit data documentation, exit data categories, the transition process,

and determining eligibility for Part B services at transition.” State staff used the data from the plans to shape the statewide 2003-04 Technical Assistance Plan.

The establishment of Administrative Rules aligned with IDEA Part C, became effective as of January 15, 2003 and provided common definitions and clear expectations to enhance Iowa’s capacity to provide and monitor transition planning for children exiting from early intervention services to Part B and/or other community services.

Iowa was awarded the OSEP General Supervision Grant to assist in expanding the data system to be interagency and provide transition and tracking data for children ages 3-5 moving from C to B. Foundational redesign activities for the Early ACCESS/Part C data system occurred during this reporting year, including transition.

### **Analysis of Trend Data:**

Administrative Rules for Special Education that implement IDEA, Part B early childhood transition regulations have been in effect since February 2000. All area education agencies and local school districts have early childhood transition policies and procedures in place to guide their implementation of the rules, contributing to the high percentage of Part C children who had their Part B eligibility determined.

Data from the 2003 Part C 618 Exit Data Table 3 indicate that five regions accounted for the eleven infants/toddlers that exited with the designation of *Part B Eligibility Not Determined*. Two regions had more than two infants/toddlers with this designation. These data do not indicate a systemic concern, but will be addressed by the specific regions.

During 2002-03, State and Regions examined their data regarding *children who exited Part C, were not eligible for Part B, and exited without referrals to services* to determine causes. Data coding selection and data entry were issues as well as transferring from hand tally to electronic counts.

The number of *unknown/unable to contact/locate data* was considered high. Again, the cause was related to data coding and entry problems and transferring from hand tally to electronic counts.

### **Projected Targets (for 7/1/03-6/30/04)**

Maintain a high percentage of children exiting Part C at the age of three receiving transition planning for Part B and/or other appropriate community services.

### **Future Activities to Achieve Projected Targets/Results (for 7/1/03-6/30/04)**

An interagency monitoring system will continue to be developed that provides data regarding implementation of IDEA Part C transition from C to B and other community

services. Early childhood transition data will be included in the Part B Special Education Focused Monitoring process and data will be gathered from parents regarding the transition requirements from Part C to Part B.

Implementation of the General Supervision Grant to enhance the data system will continue in order to gather data for (1) the percent of children exiting from Part C to Part B that have an IEP in effect by their third birthday; (2) transition planning meeting dates; and (3) participants attending. Assuring that IFSPs have appropriate data elements regarding transition planning will also occur.

State transition indicators and quality review transition standards will be developed that will enhance the monitoring and continuous improvement systems.

State staff will support the Area Education Agencies (AEA) Parent Educator Connection (PEC) efforts to support early childhood transition by providing information, technical assistance and training.

Regional transition data will be provided and analyzed in order for regional Parts C & B partners to determine improvement strategies. Regional Continuous Improvement Plans are to specifically address “unable to contact/locate,” “Not eligible for Part B and exited without referrals” and “Part B not determined.”

#### **Projected Timelines and Resources (for 7/1/03-6/30/04)**

Part C & B State staff will continue to develop an interagency monitoring system that provides data regarding implementation of IDEA Part C transition from C to B and other community services. AEA special education staff, AEA Parent-Educator Connection staff, Regional Grantees, Liaisons, community partners and state staff will work to include early childhood transition data in Part B’s Special Education Focused Monitoring process and to gather data from parents regarding the transition requirements from Part C to Part B by June 2004.

State staff with the resources through the OSEP funded General Supervision Grant and with the assistance of an interagency workgroup (Signatory Agencies, Regional Grantee, and family representatives) will continue implementation of the General Supervision Grant to enhance the data system in order to gather data for (1) the percent of children exiting from Part C to Part B that have an IEP in effect by their third birthday; (2) transition planning meeting dates; and (3) participants attending. State staff will also revise the IFSP to include appropriate data elements regarding transition planning by June 2004.

Stakeholders and state staff (families, community partners, Signatory Agencies and Regional Grantee/Liaisons) will develop state transition indicators and quality review transition standards that will enhance the monitoring and continuous improvement systems by March 2004.

The state staff for Part C and Part B will provide resources and technical assistance to support the staff of the Parent-Educator Connection. This support will include, but is not limited to, providing materials to enhance their understanding of policies, procedures and effective early childhood transition practices. Resources to be utilized include state staff, Regional Parent-Educator Connection staff and Community Partner by August 2004.

State staff will provide regional transition data to Regional Grantees who will analyze the data with regional partners in order to determine needed improvement strategies by June 2004.

**ATTACHMENT 1**  
**Cluster Area I: General Supervision**  
**Dispute Resolution – Complaints, Mediations, and Due Process Hearings Baseline/Trend Data**  
 (Place explanations to Ia, Ib, and Ic on the Table, Cluster Area I, *General Supervision*, Cell I, *Baseline/Trend Data*)

(1) July 1, 2002 - June 30, 2003 (or specify other reporting period: ___/___/___ to ___/___/___)		(3) Number of Complaints with Findings	(4) Number of Complaints with No Findings	(5) Number of Complaints not Investigated – Withdrawn or No Jurisdiction	(6) Number of Complaints Completed/Addressed within Timelines	(7) Number of Complaints Pending as of: ___/___/___ (enter closing date for dispositions)
<b>TOTALS</b>	0	0	0	0	0	0

<b>Ib: Mediations</b>					
(1) July 1, 2002 - June 30, 2003 (or specify alternate period: ___/___/___ to ___/___/___)	<b>Number of Mediations</b>				(6) Number of Mediations Pending as of: ___/___/___ (enter closing date for dispositions)
	(2) Not Related to Hearing Requests	(3) Related to Hearing Requests	(4) Not Related to Hearing Requests	(5) Related to Hearing Requests	
<b>TOTALS</b>	0	0	0	0	0

(1) July 1, 2002 - June 30, 2003 (or specify alternate period: ___/___/___ to ___/___/___)		(3) Number of Hearings Held (fully adjudicated)	(4) Number of Decisions Issued after Timelines and Extension Expired	(5) Number of Hearings Pending as of: ___/___/___ (enter closing date for dispositions)
<b>TOTALS</b>	0	0	0	0

## ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:  
IDENTIFICATION AND COORDINATION OF RESOURCES**

IOWA  
State

July 1, 2002 to June 30, 2003  
Reporting Period

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Federal Part C	<b>Note:</b> See below for an explanation of the calculations of this column.  \$3,446,438		<ul style="list-style-type: none"> <li>State and Regional implementation and coordination of IDEA Part C.</li> <li>Family participation in system</li> <li>Service Coordination</li> <li>Early Intervention services</li> <li>Public Awareness, Child Find/Evaluation</li> <li>State Administration &amp; technical assistance</li> </ul>		Federal Allocation
<b>Federal* (Specify)</b>					
Title V (MCH)	\$982,997		<ul style="list-style-type: none"> <li>State and Regional implementation and coordination of IDEA Part C.</li> <li>Public Awareness, Child Find/Evaluation</li> </ul>		Title V funds go through the Iowa Department of Public Health. A percentage of the funds goes to the University of Iowa's Child Health Specialty Clinics to serve children with special health care needs. All efforts in serving children under the age of three contribute to the EA system.

\*Be sure to include all sources of Federal, State, and/or local programs, including: Maternal & Child Health (Title V), Medicaid, Developmental Disabilities, Head Start, TriCare, Part B, etc.

## ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:  
IDENTIFICATION AND COORDINATION OF RESOURCES**

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Medicaid (Infant-Toddler Program)	\$342,019		<ul style="list-style-type: none"> <li>Service Coordination</li> <li>Early Intervention services</li> <li>Child Find /Evaluation</li> </ul>	Limited state funds available for specific allocation to Part C children that would serve as the certified state match for Medicaid funding.	The training of providers continued from September through November of 2002. The number of Medicaid providers increased from three to seventeen by the end of the fiscal year. Of the seventeen, there were fifteen that were actively claiming. All of the grantees received a Medicaid provider number during the fiscal year.
Early Head Start	\$866,248.		<ul style="list-style-type: none"> <li>Child Find /Evaluation</li> <li>Early Intervention services (<i>see comments</i>)</li> <li>Service Coordination</li> <li>Other needed services (e.g. early care and education)</li> </ul>	We have 13 EHS programs in the state, but they do not exist in all areas of the state due to lack of funding. They also do not necessarily cover the same territory as the Head Start programs of that agency. 90% of children have to meet federal income poverty guidelines in order to be eligible.	<ul style="list-style-type: none"> <li>EIS provided primarily are special instruction and family training</li> <li>EHS has been providing coordination of services for child and family needs. Their capacity of EHS to serve as service coordinators using Part C regulations is beginning to strengthen, but we still need system infrastructure supports in order to increase the number of service coordinators from Early Head Start.</li> <li>This calculation includes costs for services provided beyond Part C EIS services (e.g. child care). Programs are home-based, centered-centered, and both. Centered-based programs offer early care and education.</li> </ul>
WIC (Women Infant & Children)	\$20,680		<ul style="list-style-type: none"> <li>State and Regional implementation and coordination of IDEA Part C.</li> <li>Public Awareness, Child Find/Evaluation</li> </ul>		

## ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:  
IDENTIFICATION AND COORDINATION OF RESOURCES**

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Title IVA: <ul style="list-style-type: none"> <li>Family Preservation</li> <li>Foster Care</li> <li>Family-Centered Services</li> </ul>	Not able to determine		<ul style="list-style-type: none"> <li>State implementation and coordination of IDEA Part C.</li> </ul>	<ul style="list-style-type: none"> <li>Significant multi-year budget cuts and change in the Department of Human Services organizational structure and personnel have challenged our state's ability to coordinate the system.</li> <li>The data systems of the Lead Agency and DHS are different, so we are currently not able to cross check children served.</li> </ul>	<ul style="list-style-type: none"> <li>Improvement of our data system is a priority.</li> <li>The Lead Agency and the Department of Human Services entered into an interagency agreement that will facilitate the exchange of data for research purposes.</li> <li>Iowa's OSEP-funded General Supervision Grant is facilitating problem solving of barriers to sharing state agency data.</li> </ul>
IDEA Part B	\$1,318,491		<ul style="list-style-type: none"> <li>Regional implementation and coordination of IDEA Part C (Grantee and coordinators)</li> <li>Family participation in system</li> <li>Service Coordination</li> <li>Early Intervention services (<i>see comments</i>)</li> <li>Public Awareness, Child Find/Evaluation</li> </ul>		AEAs primarily provided the following EIS: Assistive Technology, Audiology, Family Training, Occupational Therapy, Physical Therapy, Psychological, Social Work, Special Instruction, Speech-Language Therapy, Transportation, Vision. Some, but not all AEAs provide Nursing and Health services.



## ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:  
IDENTIFICATION AND COORDINATION OF RESOURCES**

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
<b>State* (Specify)</b>					
State Title V funds	\$77,568		<ul style="list-style-type: none"> <li>• State and Regional implementation and coordination of IDEA Part C.</li> <li>• Public Awareness, Child Find/Evaluation</li> </ul>		
State Special Education funds	\$2,124,237		<ul style="list-style-type: none"> <li>• Regional implementation and coordination of IDEA Part C (Grantee and coordinators)</li> <li>• Family participation in system</li> <li>• Service Coordination</li> <li>• Early Intervention services (<i>see comments</i>)</li> <li>• Public Awareness, Child Find/Evaluation</li> </ul>		AEAs primarily provided the following EIS: Assistive Technology, Audiology, Family Training, Occupational Therapy, Physical Therapy, Psychological, Social Work, Special Instruction, Speech-Language Therapy, Transportation, Vision. Some, but not all AEAs provide Nursing and Health services.

## ATTACHMENT 2

### ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES: IDENTIFICATION AND COORDINATION OF RESOURCES

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
School Ready funds	Unable to determine			Lack of interagency data to track when programs funded by School Ready dollars are contributing to EA system. Issues that need to be resolved: 1) clarifying program obligations with EA system, 2) coordinated/required data collection, 3) technology coordination for data sharing, 4) accurate calculation of costs when programs are building upon existing community resources, 5) costs of increased requirements, services and coordination, and 6) reduced state funding. Example: Program/Agency provides a number of services from multiple funding sources and operate under a variety of administrative rules. Rules differ in required data, policies and procedures.	School Ready Funds are distributed to local Community Empowerment Area (CEA) Boards. Each community assesses needs for home visiting programs for families of children B-5). Funds are to fill gaps in needed services and build upon existing resources/programs in the community. CEA activities are regulated through a different set of administrative rules. The purposes, goals and services vary across the state, based on local community needs and assets.

## ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:  
IDENTIFICATION AND COORDINATION OF RESOURCES**

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
<b>Local*</b> (Specify)					
Local Special Education funds	\$564,671		<ul style="list-style-type: none"> <li>Regional implementation and coordination of IDEA Part C (Grantee and coordinators)</li> <li>Family participation in system</li> <li>Service Coordination</li> <li>Early Intervention services (<i>see comments</i>)</li> <li>Public Awareness, Child Find/Evaluation</li> </ul>		AEAs primarily provided the following EIS: Assistive Technology, Audiology, Family Training, Occupational Therapy, Physical Therapy, Psychological, Social Work, Special Instruction, Speech-Language Therapy, Transportation, Vision. Some, but not all AEAs provide Nursing and Health services.
Private Insurance, Fees	Not able to determine			<ul style="list-style-type: none"> <li>Lack of data that would facilitate conversations with public and private insurance programs to formalize agreements regarding 16 EIS.</li> <li>Lack of interagency data to track when a Part C EIS is paid for by insurance.</li> </ul>	Improvement of interagency data system is a priority.
Other(s) Non-Federal (Specify)	NA				
<b>Total Early Intervention Support</b>	\$9,743,349				

## ATTACHMENT 2

### ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES: IDENTIFICATION AND COORDINATION OF RESOURCES

#### Explanations of how each funding source contribution was calculated.

[Note: Formulas used to calculate each funding-source amount are the same formulas used in last year's APR]

We caution readers to the following factors:

- These formulas are rough estimates. Each funding source was calculated differently (see below). Factors that influenced the formulas include:
  - 1) the degree and number of roles within the EA system,
  - 2) the costs associated for each role,
  - 3) the limitations of data for the above, and
  - 4) the challenges of designing an appropriate formula.
- Because Early ACCESS is a system of programs, providing a non-duplicative dollar amount is not possible at this time, and would require significant resources to track.
- It would not be appropriate to divide the total support dollars by the number of identified, eligible children. Not all children served by the agencies receiving these funds are yet counted within the Early ACCESS system and not all funding sources were able to be calculated. We are in the process of developing the infrastructure that would increase coordination (identification of eligible children and data system).
- Our state is implementing improvements for coordination in a number of areas that affect the integrity of these data. Improvements are still in progress, which include the identification of eligible children, the provision of services by multiple agencies, and an interagency data system.

#### Federal Title V:

1. Part I: ***Title V federal*** funds to Child Health Agencies (26 agencies cover the state) = \$1,537,615. A sample of Title V Child Health Agencies were asked how many hours they spent on Part C activities during that time. The average was 85 hours a year. 85 hours x 26 agencies = 2210 hours a year. 2210 hours x \$30/hour = \$66,300 [Note: This amount was funded by both federal and state Title V dollars. Of the total federal and state Title V funds, 78% were federal and 22% were state funds. The federal portion of the \$66,300 is \$51,714]. 10% of administrator's salary (Signatory Agency representative) for that time period was \$7500. \$51,714 + \$7,500 = \$59,214.
2. Part II: ***Federal Title V funds*** to Child Health Specialty Clinics (for Title V Special Health Care Needs) = \$2,566,064. 36% of the CHSC federal Title V dollars is \$923,783. This total includes the 5% salary of the administrator involved in state coordination of the EA system.
3. Total Federal Title V funds contributing to the EA system: Part I \$59,214 + Part II \$923,783 = **\$982,997**.

#### Federal Medicaid:

The statewide total Medicaid reimbursement for this provider type was \$534,405. in the fiscal year. The federal funds portion of the reimbursement is 64% and so the federal fund amount is **\$342,019** for the fiscal year.

#### Federal Early Head Start (EHS) funds:

The 1290 (number of children under the age of 3 in EHS) x 11.75% of EHS children were identified as children having a disability (uses state's Part C definition) = 152 children with disabilities. \$7,351,558 allocation to Iowa's 13 EHS programs divided by 1290 = \$ 5699. \$5699 x 152 = **\$866,248**.

#### Federal WIC (Woman, Infant and Children):

## ATTACHMENT 2

### ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:

#### IDENTIFICATION AND COORDINATION OF RESOURCES

A sample of WIC agencies was asked how many hours they spent on EA activities during this time period. The average was 39 hours/year. 39 hours x 20 agencies = 780 hours per year. 780 hours x \$25/hour = \$19,500. WIC state staff time was 40 hours. 40 hours x \$27.50/hour = \$1100.00. Travel costs were \$80.00. Total = **\$20,680**

#### Federal IDEA Part B:

IDEA Part B (special education) funds to 15 Area Education Agencies (AEAs) = \$51,602,698). We calculated the percentage of Part C eligible children of each EA region (state total = 1931) among each region's Birth to 21 count (state total B-21 count is 75,485). The state average was 2.61% with a range of 1.32% – 4.78%. We multiplied each region's percentage by their Part B Allocation. The sum total of these calculations was \$1,318,491.

#### State Title V:

1. Part I: State Title V funds to *Child Health Agencies* = \$457,464. [Note: See Part I Federal Title V for formula explanation. This amount was funded by both federal and state Title V dollars. Of the total federal and state Title V funds, 78% were federal and 22% were state funds. The state portion of the \$66,300 Title V funds was \$14,586]. State Title V funds to *Child Health Agencies* = \$14,586.
2. Part II: State Title V funds to *Child Health Special Clinics* = \$174,950. The number of CHSC children served under age three is 36% of the total CHSC population. 36% of the state dollars is \$62,982. **Title V state funds** to CHSC = \$62,982.
3. Total State Title V funds contributing to the EA system Part I \$14,586 + Part II 62,982 = **\$77,568**.

#### State Special Education:

State and Local Special Education funds to AEAs = \$2,688,908. The percentage of state to local funds was 79% State to 21% Local. The same formula used for the federal Part B special education funds was used. The portion of State special education funds = **\$2,124,237**.

#### Local Special Education:

Local Special Education funding to AEAs. The percentage of state to local funds was 79% State to 21% Local. The same formula used for the federal Part B special education funds was used. The portion of Local special education funds = **\$564,671**.